



City of Boston Assessing Department

Statutory Exemption Information Requisition

Mass. General Laws Ch. 59, § 61A

FY 2003**WEB****NOTE:** For applicants seeking statutory exemption, this form and not the regular Information Requisition, must be attached to an application for abatement.**PROPERTY IDENTIFICATION**

Ward: Parcel: - Class (Land Use): _____

Assessed Owner: (as of 1/1/2002) _____
 (First Name) (Last Name)

Location: _____ Zip Code:
 (Number and Street)

Name of Organization Seeking Exemption (if different from assessed owner): _____

Social Security #: - - Federal ID #: - (Required for Refund)

CONTACT PERSON: _____

PHONE #:(Day) - - (Eve.) - -

MULTI-PARCEL IDENTIFICATION*This section is intended for use where a single property is identified for assessing purposes as multiple parcels.*

1. Does this property consist of more than one parcel? ☐ Yes ☐ No

2. If yes, list all additional WARD and PARCEL numbers: Ward Parcel

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PERSONAL PROPERTY

1. Business Identification Number: _____

2. Is organization seeking exemption for personal property only (it owns no real estate)? ☐ Yes ☐ No

BASIS FOR EXEMPTION

1. Please check the appropriate reason for exemption as of July 1, 2002.

☐ M. G. L. C.59, § 5, Clause Eleventh (House of Worship/Parsonage)

☐ M. G. L. C.59, §5, Clause Third (Literary, Benevolent, Charitable, Scientific, Temperance)

☐ Other: _____

2. Did the applicant file a Form 3ABC for FY2003 with the Board of Assessors on or before 3/1/2002?

☐ Yes, provide date: ____/____/____ ☐ No

3. Is the applicant a Massachusetts corporation? ☐ Yes ☐ No

Under what statute is applicant incorporated? _____

4. Is the applicant the beneficiary of a charitable trust? ☐ Yes ☐ No

5. Is any of the income or profit divided among shareholders or members? ☐ Yes ☐ No

NOTE: If filing for personal property exemption only, please go to last section entitled "Additional Information".

FY 2003

Application No.

Ward: **Parcel:** -

Note: The numbers above must appear on each page of this form.

OWNERSHIP/ACQUISITION INFORMATION

1. Please indicate the owner of record **as of July 1, 2002**: _____
2. Please indicate the date when the property was acquired and the consideration:
Date: ____/____/____ Price: _____
3. Please check the appropriate reason for the acquisition:

____ Relocating organization headquarters
____ Establishing organization headquarters
____ Investment
____ Expansion (describe intended use at the time of acquisition): _____

____ Other (please explain): _____

4. Please provide a brief description of how the property was used **as of July 1, 2002**.

OWNER-OCCUPANCY & CHARITABLE TENANT INFORMATION

For all space listed in the preceding occupancy section which was occupied either by the applicant or a charitable tenant as of July 1, 2002, please complete the following schedule:

[illegible]

Application No.

Ward: Parcel: -

Note: The numbers above must appear on each page of this form.

OCCUPANCY INFORMATION

1. Did the applicant use the entire real estate for its own charitable or religious activities? ☐ Yes ☐ No
2. Please complete the schedule below for the entire real estate, indicating which areas are owner-occupied, vacant, or occupied by tenants **as of July 1, 2002**.

Floor Level	Occupant Name (owner, tenant or vacant)	Use of Space	Charitable (Y/N)	Rentable Area	Rental Rate per Sq. Ft. as of Jan. 1, 2001	Base Year of Lease or Tenant at Will (TAW)	Lease Term (years)

Additional sources of Income: 1/1/2000 - 12/31/2000

Tax Clause Income _____ Operating Clause Income _____

Percentage Rent Income _____

Billboard Income _____ # of Boards _____ Size(s) _____

Parking: Income _____ # of Spaces _____ Rate per space day/month/year _____

Other _____

3. Is any part of the facilities rented or used on a short-term basis by outside groups or organizations?
☐ Yes ☐ No

If yes, identify each such user, the location, rentable area, the amount charged, and dates of use.

User	Location	Rentable Area	Amount Charged	Dates of Use

PARKING FACILITIES

PART ONE: General Information

1. Total Number of Spaces _____
2. License Number (if any) _____
3. What measures does the applicant take to ensure that the parking designated for staff, clients, visitors, or charitable tenants is reserved exclusively for their use?

4. Does the applicant charge for parking? ☐ Yes ☐ No
- If yes, please complete Part Two: Rate Information on next page.

Application No.

Ward: Parcel: -

Note: The numbers above must appear on each page of this form.

PARKING FACILITIES

PART TWO: Rate Information

Indicate the number of spaces and rates by space and type.

TYPE	# SPACES	RATES	VALIDATION? (Yes/No)
Staff			
Client			
Visitor			
Charitable Tenant			
Non-Charitable Tenant			
DAILY (Non-related)			
Transient			
Early Bird Special			
Other: _____			
MONTHLY - (Non-related)			
Regular			
Discount			
Other: _____			
OTHER Parking Type			

PART THREE: Management Information

1. Are these facilities operated or managed by an outside company? ☐ Yes ☐ No

If yes, please provide a copy of the agreement.

2. Are these facilities under a lease? ☐ Yes ☐ No

If yes, please complete below.

Rentable Area	Base Rent per SF	Base Year	Lease Term

Application No.

Ward: Parcel: -

Note: The numbers above must appear on each page of this form.

OPERATING EXPENSE INFORMATION

ADMINISTRATIVE	PAID BY OWNER	PAID BY TENANT OWNER
Payroll _____		
Management _____		
Legal _____		
General Office _____		
Security _____		
TOTAL		
CLEANING	PAID BY OWNER	PAID BY TENANT OWNER
Payroll _____		
Contracts _____		
Supplies _____		
Trash _____		
Miscellaneous _____		
TOTAL		
REPAIRS & MAINTENANCE	PAID BY OWNER	PAID BY TENANT OWNER
Payroll _____		
Elevators _____		
HVAC _____		
Electrical _____		
Plumbing _____		
Supplies _____		
Miscellaneous _____		
TOTAL		
UTILITIES	PAID BY OWNER	PAID BY TENANT OWNER
Electric _____		
Gas _____		
Oil _____		
Steam _____		
Water _____		
Miscellaneous _____		
TOTAL		
LEASING EXEPENSES	PAID BY OWNER	PAID BY TENANT OWNER
Payroll _____		
Contracts _____		
Supplies _____		
Trash _____		
Miscellaneous _____		
TOTAL		
FIXED EXPENSES	PAID BY OWNER	PAID BY TENANT OWNER
Building Insurance _____		
Replacement Reserves _____		
Capital Improvements (detail on Sch. A) _____		
Gov't.-Mandated Improvements _____		
GRAND TOTAL		

Application No.

Ward: Parcel: -

Note: The numbers above must appear on each page of this form.

OPERATING EXPENSE INFORMATION (Continued)

SCHEDULE A: Capital Improvements

Please indicate any improvements made within the last five (5) years:

Description	Date Start	Date Complete	Actual \$ Cost	Functional Estimated Life

SCHEDULE B: Leasing Concessions

Tenant	Floor	Free Rent Term	Free Rent Amount	Buildout	Other

ADDITIONAL INFORMATION

Please provide the following documents for the applicant:

- 1. Form 3ABC for FY 2002 filed on or before March 1, 2001.
- 2. Deed of Property
- 3. Articles of Organization or Charter
- 4. Organization By-Laws
- 5. If Charitable Trust, the trust and the schedule of beneficiaries as recorded at the Registry of Deeds.
- 6. List of current officers and directors or trustees of the organization including their residential addresses.
- 7. Certificate of Exemption from Massachusetts sales tax.
- 8. Federal Exemption 501 (c) (3) Letter.
- 9. Annual financial report.
- 10. Brochures or literature describing charitable activities/mission.

(If property was occupied by charitable tenants, please provide copies of the above-referenced documents for each charitable tenant. If property consists of multiple parcels, file a separate requisition for each parcel but send one set of documents only.)

Please NOTE:

Charitable organizations and certain other exempt entities have an ongoing annual obligation to file the "Form 3ABC," entitled Return of Property Held for Charitable and Other Purposes, on or before March 1 prior to each fiscal year. (Form 3ABC is not required for religious organizations whose only property is a house of worship or a rectory.) The filing of the Form 3ABC is mandatory and cannot be waived by the assessors. If an organization fails to file this Form every year or fails to file this form on time each year, no exemption can be granted, and previously exempt properties may be taxed. For fiscal year 2003, the Form 3ABC was due in the Assessors' office on March 1, 2002.

In order to be eligible for exemption in fiscal year 2004, the Form 3ABC must be filed on or before March 1, 2003. The Form 3ABC is not available in the Assessing Department but can be obtained from a legal stationery store, or online at www.cityofboston.gov/assessing. Please be sure to use the new Form 3ABC, recently approved by the Commissioner of Revenue.

Application No.

Ward: Parcel: -

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City of Boston Assessing Department
**STATUTORY EXEMPTION
INFORMATION REQUISITION**

Mass. General Laws Ch. 59, § 61A
FY 2003

AUTHORIZATION

APPLICANT’S STATEMENT:

I certify under pains and penalties of perjury that the information supplied in this requisition is true and correct. (If applicable) I hereby authorize the representative whose signature appears at right to act on the applicant’s behalf relative to its FY 2003 abatement application(s).

X _____
Signature of Applicant’s Officer

Date: ____/____/____

Print Name: _____

Title: _____

REPRESENTATIVE’S STATEMENT:

I certify under pains and penalties of perjury that the information supplied in this requisition is to the best of my knowledge true and correct, and that I am the authorized representative.

X _____
Signature of Representative

Date: ____/____/____

Print Name: _____

Representative’s Firm and Address:

